

**BOARD OF REGISTERED NURSING**

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Ruth Ann Terry, MPH, RN  
Executive Officer**NURSING PROGRAM VERIFICATION**

This form is to be completed by the nursing program Dean or Director or their designee if accommodation(s) to testing procedures were granted to this candidate during their nursing program. Original submission of this form is optional. However, if this form is not used, all of the information requested must be provided on original letterhead stationery of the nursing program.

Candidate Name: \_\_\_\_\_  
(First) (Middle) (Last)Birthdate: \_\_\_\_\_  
(Month) (Day) (Year)

Describe the format of examinations administered (e.g., written multiple-choice, essay, oral, etc.) and the accommodation(s) provided to the above candidate for these examinations during their nursing program:

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Name of Person Completing Form (Print): \_\_\_\_\_

Title: \_\_\_\_\_ Name of School: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Area Code) (Date)